

San Diego LIHP Transition

This document will be updated as new information becomes available. Updated information will be in red.

San Diego LIHP Provider Q&As

- 1. Will the LIHP enrollee data in MEDS (Medi-Cal Eligibility Data System) identify the name of the primary care clinic, name of the primary care provider (PCP) or both names?**

The LIHP enrollee data in MEDS will identify only the primary care clinic name, not the name of the individual primary care provider.

- 2. How are clinics identified in MEDS in order for enrollees to be matched with their medical home/primary care clinic?**

Clinics are identified by their National Provider Identification (NPI) number.

- 3. Enrollment options are (1) do nothing or (2) choose plan – When is the earliest LIHP enrollees can choose a plan? Can they fill out a Choice form?**

The County of San Diego urges all LIHP enrollees to complete their Medi-Cal Choice form as soon as they receive it. The California Department of Health Care Services (DHCS) will send out the Plan Choice Letter and Form to the LIHP enrollees in November. Providers can also refer LIHP enrollees to the Healthy San Diego Health Care Options (HCO) program for assistance in completing the Medi-Cal Choice Form. HCO staff are available at each of the County of San Diego Family Resource Centers:

http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy_san_diego/index.html.

Providers can also assist LIHP enrollees in completing the Medi-Cal Choice Form. A link to the form is available on the Healthy San Diego website and on the LIHP Transition website.

- 4. How do I know if the specialist my patient is seeing under LIHP will accept their new Managed Care Medi-Cal insurance? How does the County LIHP network compare to the Medi-Cal network?**

You will need to contact the Medi-Cal Managed Care plan or the specialist directly to determine if the specialist has agreed to see patients under that plan. LIHP has provided the health plans a list of current LIHP specialists, and DHCS will provide network comparison information to the Medi-Cal health plans.

- 5. How will the County ensure continuity of care with LIHP transition?**

The State has recently released its draft of the Low Income Health Program's (LIHP) Transition Plan, available here: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Meetings/DRAFT-RevisedLIHPTransitionPlan.pdf>.

This includes a continuity of care plan for LIHP enrollees who will be transitioning to Medi-Cal on January 1, 2014. San Diego LIHP is also working on a local continuity of care plan with its community stakeholders, including community clinics, providers, health plans, patient advocates, and a variety community members.

Medi-Cal beneficiaries enrolled in a managed care plan are protected under the Welfare and Institutions Code Section 1373.96, which allows for the completion of covered services from a non-participating provider if it meets specific conditions. The code can be found on-line at

http://ca.regstoday.com/law/hsc/ca.regstoday.com/laws/hsc/calaw-hsc_DIVISION2_CHAPTER2p2.aspx.

According to the State's LIHP transition plan, one of the conditions included under this code is an approved surgery or procedure that is already scheduled to happen within 180 days of the transition. Individuals will have information concerning any open treatment authorizations (TARs) or pharmacy authorizations (PARs) transferred to their new managed care health plan prior to the transition.

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6. Are there any changes to the County Medical Services (CMS) Program?

At this time, County Medical Services (CMS) policies are not affected by the transition of LIHP to Medi-Cal Managed Care. Furthermore, the transition of LIHP enrollees in Medi-Cal will not affect current CMS beneficiaries.

7. Where should completed Medi-Cal Choice forms be sent?

Although the Choice form includes instructions to send to Sacramento, County of San Diego residents should drop off completed Medi-Cal Choice forms at any FRC (click the link in question 3 for locations) or mail back to the County using postage-paid envelopes. The address is:

HHSA – MS 0557-A
P.O. Box 85524
San Diego, CA 92186-9658

Write “LIHP” in the upper corner of the envelopes when mailing. This additional step will assist providers and LIHP enrollees to ensure accuracy of information sent to the State.

8. Can clinic staff receive a copy of Medi-Cal managed health care plan formulary?

Each Medi-Cal Managed Care plan has a different formulary. The formulary is posted on each health plan’s member services website.

9. Will transportation assistance be available for enrollees to get to and from their health care services?

The Medi-Cal Managed Care health plans offer different options for transportation assistance. For more information on transportation assistance available, review the Health Plan Comparison Chart here:
http://www.sdcounty.ca.gov/hhsa/programs/ssp/documents/HSD_5_02-27-2013.pdf

10. Can providers enroll a person directly with a Managed Care Plan?

Providers can help someone complete the Medi-Cal Choice Form, which is then submitted to the Department of Health Care Services (DHCS) via the Healthy San Diego - Health Care Option (HCO) program. A patient selects the desired health plan and enters the physician number on this form. Physicians can be found via each health plan, or by using the GeoAccess link to the Healthy San Diego Online Provider Directory:

<http://www.geoaccess.com/CountyofSanDiego/po/Begin.asp>. Another option is staff can write in the name and address of the clinic in the space to the right of the provider code box on the Choice form and HCO staff will input the code as part of their review. Forms with a blank Doctor/Clinic Code field **must** be submitted to the County for review using the process outlined in question 7. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

11. If a Medi-Cal Managed Care provider panel fills up during the LIHP transition, what will happen with the enrollees who selected this provider?

The Managed Care Medi-Cal Division at DHCS has discussed this with the health plans and the plans are aware that providers will be assigned LIHP members even if their panel is full. This policy is in place to ensure that LIHP enrollees can stay with their current provider and will not need to select a new provider because of the change in payor.

12. Can providers fax documents to the ASO for e-TARs?

Providers are strongly encouraged to scan all supporting documents into e-TAR to facilitate ease of access for the providers and health plans serving the enrollees. This will allow the most current information to be available to providers during the LIHP transition.

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13. If an enrollee does not know their Social Security number (SSN), can other identifying information be entered on the Medi-Cal Choice form and then submitted to County for review?

Yes, clinical staff can enter the date of birth below the SSN section, and HCO staff will be able to look up the enrollee and write in the SSN on the form. Choice forms without an SSN must be submitted to the County for review. If forms are submitted directly to DHCS with any fields left blank, they will be rejected.

14. What percentage of all LIHP enrollees have had a visit with their primary care provider?

In the latest LIHP Quality Improvement Report, the data shows that 18,640 unduplicated enrollees had a primary care visit in the last quarter from July – September 2013. Of those enrollees, 85% use their medical home site for every primary care visit.

15. How will Medi-Cal payment be processed for hospital admissions that occur prior to January 1, 2014 and extend into 2014?

Hospitals will be reimbursed at the LIHP the per diem rate through December 31, 2013, and Medi-Cal Diagnostic Related Group (DRG) payment will be made starting on January 1, 2014.

16. If open authorizations are sent to the health plans, who determines the continuity of care? Will providers need to re-submit all clinical data to the appropriate health plan with a request for re-authorization?

Each health plan will determine continuity of care via their current process. Providers will need to work directly with each plan to determine the appropriate review process. Providers may still need to submit data, but if documents are scanned into e-TAR, supporting documents will be more easily accessible for submission to the health plans.

Department of Health Care Services Q&As

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